Post Office



OM-7029 Jun 2 6 2003 PADENA

State or Country

Zip Code 11733

DECLARATION and POWER OF ATTORNE As a below-named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: USE OF THE KCNO2 AND KCNO3 GENES FOR THE DISCOVERY OF AGENTS USEFUL IN THE TREATMENT OF **NEUROLOGICAL DISORDERS** the specification of which is attached hereto unless the following box is checked: □ was filed on December 3, 1999 as U.S. Application No. 09/454,868 or PCT International Application No. amended on (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56. I hereby claim foreign priority benefits under 35 U.S.C. § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed. Application No. Country Filing Date Priority Claimed (Yes/No) I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States Provisional Application(s) listed below. U.S. Provisional Application No. **U.S. Filing Date** 60/110,804 12/3/98 I hereby claim the benefit under 35 U.S.C. § 120 of any United States application(s), or § 365(c) of any PCT International Application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT International Application in the manner provided by the first paragraph of 35 U.S.C. § 112, I acknowledge the duty to disclose information which is known to me to be material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application. U.S. Filing Date Application No. Status (patented, pending or abandoned) POWER OF ATTORNEY: I hereby appoint the following attorney(s) and/or agent(s) the power to prosecute this application and transact all business in the Patent and Trademark Office connected therewith: Name: Registration No.: Blair Q. Ferguson 34,329 Gerald J. Boudreaux 35,073 Karen H. Kondrad 38,212 Scott K. Larsen 38,532 Maureen P. O'Brien 42,043 **Norbert Reinert** 18,926 Mary K. VanAtten 39,408 Kenneth B. Rubin 36,295 Rosemarie R. Wilk-Orescan P45,220 Tel. No. Send correspondence and direct **DuPont Pharmaceuticals Company** telephone calls to: c/o E. I. du Pont de Nemours and Co. (302)695-2584 Legal - Patents SCOTT K. LARSEN, Ph.D., J.D. 1007 Market Street Wilmington, DE 19898, U.S.A. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon INVENTOR(S) **Full Name** Last Name First Name Middle Name **BROWN** BARRY of Inventor S. Signature (please sign full name): Father Date: -00 Residence & State or Foreign Country DELAWARE Country of Citizenship WILMINGTON Citizenship US Post Office Post Office Address State or Country Zip Code 2518 EATON ROAD WILMINGTON Address DE 19810 Full Name Last Name MCKINNON First Name Middle Name of Inventor DAVID Signature (please sign full name): Date: Residence & Country of Citizenship AUSTRALIA State or Foreign Country NEW YORK City EÁST SETAUKET Citizenship

Address	27 BRAEMER ROAD	EAST SETAUKET	NY

City

Post Office Address



	DECLAR	AIIOT	and POWI	EROFALIORN	THE X	IUN 2 6 2000	<u> </u>	
As a below-name	d inventor, I hereby declare that:				E	4	7	
My residence, pos	st office address and citizenship ar	d below next to m	y name.	V	كه مع	•		
below) of the subj	original, first and sole inventor (if ject matter which is claimed and for THE KCNQ2 AND KCNQ3 GE	or which a	i patent is sought	on the invention entitled	1:			
		· · · · · · · · · · · · · · · · · · ·		LOGICAL DISORDER		N IIIL INDAIMI	CIVI OF	
the specification of	of which is attached hereto unless t	he follow			-			
\square was filed on $\underline{\mathbb{D}}$	December 3, 1999 as U.S. A	pplication	n No. <u>09/454,8</u>	68 or PCT Internation	al Ap	plication No	and was	
amended o								
amendment re	I have reviewed and understand the ferred to above.					_	- 1	
I acknowledge the	duty to disclose information which	h is know	n to me to be ma	terial to patentability as	define	ed in 37 CFR § 1.50	6	
or § 365(a) of any identified below, l	eign priority benefits under 35 U.S PCT International application whose checking the box, any foreign a the application on which priority	ich design	lated at least one of	country other than the U	Inited	States listed below	v and have also	
Application No			Filing Date		Priority Claimed (Yes/No)			
I hereby claim the	benefit under 35 U.S.C. § 119(e)	of any Un	ited States Provis	ional Application(s) list	ed be	low.		
	.S. Provisional Application No.				U.S. F	iling Date		
I harabu alaim tha	60/110,804		1.54	() 00(5() 5	1	2/3/98		
United States appleduty to disclose in	benefit under 35 U.S.C. § 120 of a nited States, listed below and, inso- ication or PCT International Appli formation which is known to me to the prior application and the national	tar as the s cation in to be mater	subject matter of the manner providual rial to patentabilit	each of the claims of thi ded by the first paragrap y as defined in 37 CFR	is app oh of 3 & 1 56	lication is not discl	osed in the prior	
Application No		S. Filing				pending or aband	loned)	
POWER OF ATT business in the Pat	FORNEY: I hereby appoint the forent and Trademark Office connect	ollowing a	ttorney(s) and/or	agent(s) the power to pr	rosecu	te this application a	and transact all	
Name: Bla	air Q. Ferguson			Registration No.:	34,3	329		
	rald J. Boudreaux				35,0			
. Ka	ren H. Kondrad			38,212				
Sco	ott K. Larsen				38,5		E	
	ureen P. O'Brien				42,0	43		
Norbert Reinert				18,926				
Mary K. VanAtten				39,408				
	nneth B. Rubin semarie R. Wilk-Orescan			36,295				
		1			P45,	220		
Send correspondent elephone calls to:	ce and direct	DuPont	Pharmaceuticals Company			Tel. No.		
		du Pont de Nemours and Čo. Patents		(3	(302) 695-2584			
$1007 \mathrm{Ma}$			arket Street gton, DE 19898, U.S.A.					
hereby declare the	at all statements made herein of m	v own kno	wledge are true a	and that all statements m	nade o	n information and l	belief are	
believed to be true:	and further that these statements or imprisonment, or both, under S	were made	e with the knowle	dge that willful false sta	ateme	nts and the like so r	made are	
eopardize the valid	lity of the application or any paten	t issuing t	hereon.	ne United States Code a	na tna	it such Willful false	statements may	
			INVENTOR(S))				
Full Name of Inventor	Last Name BROWN		First Name			idle Name		
Signature (please sign full name):			BARRY		<u> </u>	Date:		
Residence &	City		State or Foreign (Country	I Co.			
Citizenship	WILMINGTON		DELAWARE		US			
Post Office Address	Post Office Address 2518 EATON ROAD	EATON ROAD WILMINGT		ON			Zip Code 19810	
full Name of Inventor	Last Name First Name MCKINNON DAVID		First Name DAVID	Middle Name				
ignature (please sign full name):								
Lesidence &	City		State or Foreign (Country	T Con		00	
Citizenship	EAST SETAUKET		State or Foreign Country NEW YORK			Country of Citizenship AUSTRALIA		
ost Office ddress	Post Office Address 27 BRAEMER ROAD		City EAST SETAU	IKET		e or Country	Zip Code	
ww1 C33	Z. DIVURIUEV KOND		LASI SCIAL	JINIC I	NY		11733	

Additional Inventors are being named on separately numbered sheets attached hereto.